

LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa
Secretary of State

To Be Filed By:

L-2 LOBBYISTS
(Sec. 67-6619)Page _____ of _____ Page(s)
THIS SPACE FOR OFFICE USE ONLY

05 FEB -2 PM 2:51

SECRETARY OF STATE
STATE OF IDAHO(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address

Date prepared

Period covered

DON READING
6070 Hill Road
Boise, IDAHO

2-2-05

☒ year ending 2004

(Mo.) (Day) (Yr.)

Item
1

Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.

Category of Expenditure
Reimbursed Personal Living and Travel
Expenses Pertaining to Lobbying Activity
Do Not Have to be Reported*Total Amount for
All EmployersProportionate amounts contributed by each employer (Identify employers, under
Item 3, at bottom of page.)

Employer No. 1

Employer No. 2

Employer No. 3

Employer No. 4

Entertainment
Food and Refreshment

Living Accommodations

Advertising

Travel

Telephone

Other Expenses or Services

Total

*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item
2

The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.

Date

Place

Amount

Names of Legislators & Public Officials in Group

POSTED

☐ Continued on attached page(s)

INSTRUCTIONS

Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.

Filing deadline: Annual report is due on January 31st.

TO BE FILED WITH:

Ben Ysursa
Secretary of State
PO Box 83720
Boise, ID 83720-0080
Phone: (208) 334-2852 Fax: (208) 334-2282Item
3

Employer(s) Name(s) and Address(es)

No.1

No.2

No.3

No.4

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

Item 5			LEGISLATIVE SUBJECT IDENTIFICATION	
Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.			Code Subject	Code Subject
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Session Number		
11			01 Agriculture, horticulture, farming, and livestock	17 Health service, medicine, drugs and controlled substances, health insurance, hospitals
08			02 Amusements, games, athletics and sports	18 Higher education
18			03 Banking, finance, credit and investments	19 Housing, construction, codes
			04 Children, minors, youth, senior citizens	20 Insurance (excluding health insurance)
			05 Church and religion	21 Labor, salaries and wages, collective bargaining
			06 Consumer affairs	22 Law enforcement, courts, judges, crimes, prisons
			07 Ecology, environment, pollution, conservation, zoning, land and water use	23 License, permits
			08 Education	24 Liquor
			09 Elections, campaigns, voting, political parties	25 Manufacturing, distribution and services
			10 Equal rights, civil rights, minority affairs	26 Natural resources, forest and forest products, fisheries, mining and mining products
			11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27 Public lands, parks, recreation
			12 Government, county	28 Social insurance, unemployment insurance, public assistance, workmen's compensation
			13 Government, federal	29 Transportation, highways, streets and roads
			14 Government, municipal	30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas
			15 Government, special districts	31 Other (please specify) _____
			16 Government, state	

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

D.C. Hendrix
Lobbyist signature

2-2-05
Date

Employer No. 1 signature _____ Date _____

Employer No. 2 signature _____ Date _____

Employer No. 3 signature _____ Date _____

Employer No. 4 signature _____ Date _____